# **US Department Of Education**

## STUDENT VOLUNTEER APPLICATION

I would like to apply for admission to the U.S. Department of Education's Volunteer Internship Program

STUDENT INFO	RMATION		
Last Name:			
First Name:			
Middle Name:			
Contact Number:			
Email Address:			
CURRENT ADD	RESS:		
Street Address:			
City:	State:	Zip:	
PERMANENT A	DDRESS:		
Street Address:			
City:	State:	Zip:	
DATE OF BIRTH	H (mm/dd/	yyyy):	
COUNTRY OF C	ITIZENSHIF	) <u>.</u>	
LANGUAGES SP	<b>POKEN:</b> (Ba	sic, Proficient, Fluent)	
Language:	Level of Proficiency (closest estimate):		
	Pick One		
	Pick One		
EDUCATION:			
Complete Name o	of Institution:		
Major:	GPA:		
Type of Degree pu	ursing:		
Expected Date of	Graduation:		
At the moment m	y current gra	de is (if in between grades, pick the grade you are going in to	):
Dick One			

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### APPROXIMATE DATES OF AVAILABILITY FOR INTERNSHIP:

Start Date: Ending Date:

Approximate length of internship (desired # of weeks):

I am applying for: Pick One

#### ADDITIONAL INFORMATION:

Are you applying to a specific job posting/announcement?

If "Yes"; please list the announcement number:

If you have experience with any of the special skills listed below please put them into the textbox:

Final Cut Pro Microsoft Excel Microsoft PowerPoint

Microsoft Access Speechwriting experience HTML

Graphic design Database administration

If you are responding to a specific job posting are you interested in other intern opportunities with the department of education?